

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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48						
49						
50						
Total						
Indep	12					
Depend	8					
Total Claims	20					

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total						
Indep						
Depend						
Total Claims						